

FAMILY DAY CARE HOMES
CORRECTED REPORT AND CLAIM FORM
FOR REIMBURSEMENT
(Due by the 30th of the Month)
Listing of participating homes must accompany
claim for payment processing.

KDE USE ONLY	
Audit _____	Review _____
TA _____	*Other _____
*Description _____	

SECTION I			
PLACE LABEL HERE (1)	Claim Period (2)	No. Homes (3)	Total Days Food Served This Mo. (4)
	<div> <div></div> <div></div> </div> (month)	<div> <div></div> <div></div> <div></div> <div></div> </div> (year)	<div> <div></div> <div></div> </div>
Read instructions on reverse carefully before completing form.			
SECTION II – Tier I Homes		SECTION III – Tier II Homes	
Number of Tier I Homes (5) <div></div>	ADA (6) <div></div>	Number Tier II Homes (14) <div></div>	ADA (15) <div></div>
(7) Breakfast <div></div>		(16) Breakfast <div></div>	
(8) AM Snack <div></div>		(17) AM Snack <div></div>	
(9) Lunch <div></div>		(18) Lunch <div></div>	
(10) PM Snack <div></div>		(19) PM Snack <div></div>	
(11) Supper <div></div>		(20) Supper <div></div>	
(12) LN Snack <div></div>		(21) LN Snack <div></div>	
(13) TOTAL <div></div>		(22) TOTAL <div></div>	
SECTION IV – Mixed Tier Homes			
(23) Number of Homes Claiming Tier I and Tier II Mixed Rates <div></div>		(24) ADA <div></div>	
Number Tier I Meals		Number Tier II Meals	
(25) Breakfast <div></div>		(32) Breakfast <div></div>	
(26) AM Snack <div></div>		(33) AM Snack <div></div>	
(27) Lunch <div></div>		(34) Lunch <div></div>	
(28) PM Snack <div></div>		(35) PM Snack <div></div>	
(29) Supper <div></div>		(36) Supper <div></div>	
(30) LN Snack <div></div>		(37) LN Snack <div></div>	
(31) TOTAL <div></div>		(38) TOTAL <div></div>	
SECTION V			
(39) Program Administrative Cost <div></div>		(32) Program Income <div></div>	
I certify that the information on this claim is true and correct to the best of my knowledge, that records are available to support this claim; that it is in accordance with the terms of existing agreement and that payment therefore has not been received. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable federal criminal statutes.			
ORIGINAL Signature of Sponsor Representative	Title	Date	Phone Number of Person Preparing Claim

FAMILY DAY CARE HOME CORRECTED CLAIM INSTRUCTIONS

Instructions For Completing Report And Claim Form For Reimbursement

Report data for one calendar month only. Amount of payment will be computed by State Agency using claiming percentages. Your claim **WILL BE RETURNED FOR CORRECTION** if not properly completed. Ensure that you round all amounts to the nearest dollar and **THAT THE CLAIM IS SIGNED**. Items (1), (2), signature, title, date and phone number must be completed. Enter only the information you wish changed from the original claim submitted.

Corrected claims completed before the 15th of the month should be corrected online (<https://cdcbps.ky.gov/NHS-Main/>). Corrected claims completed after the 15th of the month should be faxed (502/564-8919) to the State Agency by the 30th of the month and must be accompanied with a Corrective Action Plan (<http://nhs.ky.gov/cacfp.htm>).

SECTION I:

- Item (1) Place sponsor label here (should contain 9-digit sponsor number, name and address).
- Item (2) Enter two digits for month and four digits for year for which claim is applicable.
- Item (3) Enter total number of homes operating this month.
- Item (4) Enter total number of days food service was provided during the month.

SECTION II – Tier I Homes:

- Item (5) Enter number of Tier I Homes.
- Item (6) Enter ADA for Tier I Homes.
- Item (7) Enter total number of Breakfasts served to participants of Tier I Homes during the month if these meals meet USDA requirements.
- Item (8) Enter total number of AM Snacks served to participants of Tier I Homes during the month if these meals meet USDA requirements.
- Item (9) Enter total number of Lunches served to participants of Tier I Homes during the month if these meals meet USDA requirements.
- Item (10) Enter total number of PM Snacks served to participants of Tier I Homes during the month if these meals meet USDA requirements.
- Item (11) Enter total number of Suppers served to participants of Tier I Homes during the month if these meals meet USDA requirements.
- Item (12) Enter total number of LN Snacks served to participants of Tier I Homes during the month if these meals meet USDA requirements.
- Item (13) Enter total number of meals (Breakfasts, AM Snacks, Lunches, PM Snacks, Suppers and LN Snacks) served to participants of Tier I Homes during the month if these meals meet USDA requirements.

SECTION III – Tier II Homes:

- Item (14) Enter number of Tier II Homes.
- Item (15) Enter ADA for Tier II Homes.
- Item (16) Enter total number of Breakfasts served to participants of Tier II Homes during the month if these meals meet USDA requirements.

- Item (17) Enter total number of AM Snacks served to participants of Tier II Homes during the month if these meals meet USDA requirements.
- Item (18) Enter total number of Lunches served to participants of Tier II Homes during the month if these meals meet USDA requirements.
- Item (19) Enter total number of PM Snacks served to participants of Tier II Homes during the month if these meals meet USDA requirements.
- Item (20) Enter total number of Suppers served to participants of Tier II Homes during the month if these meals meet USDA requirements.
- Item (21) Enter total number of LN Snacks served to participants of Tier II Homes during the month if these meals meet USDA requirements.
- Item (22) Enter total number of meals (Breakfasts, AM Snacks, Lunches, PM Snacks, Suppers and LN Snacks) served to participants of Tier I Homes during the month if these meals meet USDA requirements.

SECTION IV – Mixed Tier Homes:

- Item (23) Enter number of homes claiming Tier I and Tier II Mixed Rates
- Item (24) Enter ADA for Mixed Tier Homes.
- Item (25) Enter total number of Breakfasts served to participants of Tier I Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (26) Enter total number of AM Snacks served to participants of Tier I Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (27) Enter total number of Lunches served to participants of Tier I Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (28) Enter total number of PM Snacks served to participants of Tier I Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (29) Enter total number of Suppers served to participants of Tier I Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (30) Enter total number of LN Snacks served to participants of Tier I Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (31) Enter total number of Tier I meals (Breakfasts, AM Snacks, Lunches, PM Snacks, Suppers and LN Snacks) served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (32) Enter total number of Breakfasts served to participants of Tier II Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (33) Enter total number of AM Snacks served to participants of Tier II Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.

- Item (34) Enter total number of Lunches served to participants of Tier II Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (35) Enter total number of PM Snacks served to participants of Tier II Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (36) Enter total number of Suppers served to participants of Tier II Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (37) Enter total number of LN Snacks served to participants of Tier II Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (38) Enter total number of Tier II meals (Breakfasts, AM Snacks, Lunches, PM Snacks, Suppers and LN Snacks) served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.

SECTION V:

- Item (39) Enter Program Administrative Cost for the month.
- Item (40) Enter Program Income for the month.

An authorized sponsor representative should sign, title and date the claim and provide their phone number. Claim must be submitted with a signature.